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BETHANY ST JOSEPH CARE CENTER

2501 SHELBY ROAD

LA CROSSE 54601 Phone: (608) 788-5700 Ownership: Nonprofit Church-Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled

Operate in Conjunction with Hospital?

No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 207 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 225 Average Daily Census: 178 Number of Residents on 12/31/00: 170

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32. 4	
Supp. Home Care-Personal Care	No					1 - 4 Years	41. 2	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.4	Under 65	5. 9	More Than 4 Years	26. 5	
Day Services	No	Mental Illness (Org./Psy)	36. 5	65 - 74 10.				
Respite Care	No	Mental Illness (Other)	3. 5	75 - 84	29. 4		100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42. 9	****************	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	11. 2	Full-Time Equivaler	it	
Congregate Meals No Cancer		Cancer	2. 9			Nursing Staff per 100 Re	si dents	
Home Delivered Meals	No	Fractures	7. 6		100. 0	(12/31/00)		
Other Meals	Yes	Cardi ovascul ar	7. 1	65 & 0ver	94. 1			
Transportation	No	Cerebrovascul ar	12. 9			RNs	14. 3	
Referral Service	No	Diabetes	1.8	Sex	%	LPNs	11. 3	
Other Services	Other Services No Respiratory		4. 1	4. 1		Nursing Assistants		
Provi de Day Programmi ng for		Other Medical Conditions	21. 2	Male	32. 9	Aides & Orderlies	42. 3	
Mentally Ill	No			Female	67. 1			
Provi de Day Programming for			100.0					
Developmentally Disabled	No				100. 0			
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Method of Reimbursement

		Medi	care		Medi c	ai d											
(Title 18)		((Title 19)			Other Pri va		ri vate	ivate Pay			Managed Care					
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	6	46. 2	\$258. 53	9	8. 7	\$115. 29	0	0. 0	\$0.00	5	9. 3	\$155.00	0	0. 0	\$0.00	20	11. 8%
Skilled Care	7	53. 8	\$297. 22	87	84. 5	\$97.69	0	0.0	\$0.00	49	90. 7	\$140.00	0	0.0	\$0.00	143	84. 1%
Intermediate				4	3. 9	\$80. 10	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	4	2.4%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	3	2. 9	\$350.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	3	1.8%
Total	13	100. 0		103	100. 0		0	0. 0		54	100. 0		0	0. 0		170	100.0%

BETHANY ST JOSEPH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/00
Deaths During Reporting Period							
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	8. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	11.6	Bathi ng	0. 6		61. 2	38. 2	170
Other Nursing Homes	2. 1	Dressi ng	7. 6		55. 9	36. 5	170
Acute Care Hospitals	76. 4	Transferri ng	24. 1		54. 7	21. 2	170
Psych. HospMR/DD Facilities	0.4	Toilet Use	20. 6		46. 5	32. 9	170
Rehabilitation Hospitals	0.0	Eating	54 . 1		34. 1	11. 8	170
Other Locations	1. 2	**************	*******	*****	******	********	******
Total Number of Admissions	242	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	10.0	Recei vi ng I	Respi ratory Care	7. 6
Private Home/No Home Health	25. 4	0cc/Freq. Incontinen	t of Bladder	52. 4	Recei vi ng	Tracheostomy Care	1. 8
Private Home/With Home Health	25. 0	0cc/Freq. Incontinen	t of Bowel	31. 2	Recei vi ng S	Sucti oni ng	1.8
Other Nursing Homes	10.0				Recei vi ng (Ostomy Care	1. 2
Acute Care Hospitals	7. 7	Mobility			Recei vi ng T	Tube Feeding	2. 4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	29. 4	Recei vi ng 1	Mechanically Altered Diets	38. 2
Rehabilitation Hospitals	0.0						
Other Locations	1. 2	Skin Care			Other Resider	nt Characteristics	
Deaths	30.8	With Pressure Sores		5. 9	Have Advance	ce Directives	85. 9
Total Number of Discharges		With Rashes		11. 2	Medi cati ons		
(Including Deaths)	260				Receiving I	Psychoactive Drugs	67. 1
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		0wn	ershi p:	Bed	Si ze:	Li censure:			
	Thi s	Non	profit	20	00 +	Ski l	lled	Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	79. 1	87. 8	0. 90	80. 6	0. 98	84. 1	0. 94	84. 5	0.94
Current Residents from In-County	74. 1	82. 6	0. 90	83. 1	0.89	83. 5	0.89	77. 5	0. 96
Admissions from In-County, Still Residing	17. 8	25. 9	0. 69	26. 5	0. 67	22. 9	0. 78	21.5	0.83
Admissions/Average Daily Census	136. 0	116.8	1. 16	107. 9	1. 26	134. 3	1. 01	124. 3	1.09
Discharges/Average Daily Census	146. 1	117. 3	1. 25	108.6	1. 35	135. 6	1.08	126. 1	1. 16
Discharges To Private Residence/Average Daily Census	73. 6	43. 9	1. 67	45. 4	1. 62	53.6	1. 37	49. 9	1.48
Residents Receiving Skilled Care	95. 9	91. 3	1.05	88. 0	1. 09	90. 1	1.06	83. 3	1. 15
Residents Aged 65 and Older	94. 1	97. 1	0. 97	87. 7	1.07	92. 7	1.02	87. 7	1.07
Title 19 (Medicaid) Funded Residents	60. 6	56. 2	1. 08	70.6	0. 86	63. 5	0. 95	69. 0	0. 88
Private Pay Funded Residents	31. 8	37. 5	0.85	23.8	1. 34	27. 0	1. 18	22.6	1.41
Developmentally Disabled Residents	2. 4	0. 6	3. 78	2.9	0.81	1. 3	1. 87	7. 6	0. 31
Mentally Ill Residents	40. 0	36. 3	1. 10	46.8	0.85	37. 3	1. 07	33. 3	1. 20
General Medical Service Residents	21. 2	21. 1	1. 01	15. 4	1. 37	19. 2	1. 10	18. 4	1. 15
Impaired ADL (Mean)	53. 5	50.8	1.05	49. 4	1.08	49. 7	1.08	49. 4	1.08
Psychological Problems	67. 1	50 . 0	1.34	56. 4	1. 19	50. 7	1. 32	50. 1	1.34
Nursing Care Required (Mean)	8. 8	6. 8	1. 29	7. 3	1. 21	6. 4	1. 36	7. 2	1. 22